

Hikone City Hall
Tax Division
Tel: 0749-30-6140

整理番号
個人番号: _____

We would first like to thank you for your understanding and cooperation towards Hikone City’s tax management.
Please be reminded that municipal and prefectural inhabitant’s taxes are calculated according to your previous year’s total income and levied by a municipality where you resided as of January 1st of the current year.
This simplified tax return form is needed if the Hikone Tax Division:

- ① has no information about your previous year’s income
- ② needs to verify whether you are a dependent of someone or not, and if so, a dependent of whom.
- ③ wants to know why your municipal and prefectural inhabitant taxes have been levied by another municipality despite the fact you were a resident of Hikone as of January 1st of the current year.

January to December 2023 (Simplified Tax Return Form)

Submission Date (提出日): yyyy/mm/dd _____ / _____ / _____

Address as of Jan 1	Shiga, Hikone,
Current Address	
Name	
Tel	



※Please answer the following questions by checking applicable boxes and filling in required information.

Q 1. Have you received any notice of your municipal/prefectural inhabitant’s tax from a municipality other than Hikone this year?

- ☐ YES → Please write your last address in that municipality, and attach a photocopy of the tax notice sent from that municipal government.
Address: _____
- ☐ NO

Q 2. What was your employment status during the previous year?

- ☐ Employed (including part-time, day labor) • Self-Employed → Please go to the back.
- ☐ Untaxed → Total Annual Income () Yen From →
- ☐ No Income → Please go to Q 3.
- ☐ Bereavement Pension
- ☐ Disability Pension
- ☐ Unemployment Insurance
- ☐ Others ()

Q 3. This question is intended for those who checked the box “No Income” in the Q 2 above.

Were you a dependent of someone last year?

- ☐ YES: Who supported you financially last year? Please also provide information about your school if you are a student.

Person Who Helped Your Finance	Name and Relationship:	That Individual’s Address:
School You Go To	School Name and in What Grade:	

- ☐ NO: Please describe below how you lived without a job or financial support from others last year?

*Please turn over.

Q 4. Please write information of the company(ies) you work/worked for and the total amount of income you earned last year.

Company Name	Address and Telephone Number	Employment Period	Total Income
	() -	From until	yen
	() -	From until	yen
		Total	yen

***Ensure to attach a photocopy of pay slips and withholding tax slip.**
Only if you don't have pay or withholding tax slips, fill in required info above.

Q 5. If you are self-employed, please provide a type of your business, total income, and total business expenses.

[Type of Business] ¥	[Total Income] ¥	[Total Business Expenses] ¥
*You will receive some other documents at a later date via mail.		
[Details of Your Business]		

The following questions are about income tax deductions.

Q 6. Questions about the person whose name written on the front of this form.

Any Spouse? Yes / No	→ If no, check one the boxes below that describes best the situation. (<input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed <input type="checkbox"/> Separate <input type="checkbox"/> Disappeared <input type="checkbox"/> Not sure if my spouse is dead or alive <input type="checkbox"/> Single Parent)
Disability Certificate? Yes / No	→ If yes: (Physical • Rehab • Mental / Grade / Issue Date : / / /)
Are You A Student? If yes: (School Name: / Grade :)	

Q 7. Questions about a dependent(s) of the person whose name written on the front of this form.

Name Of A Spouse	Relationship	Living Status	Birthday	Income	Level of Disability	Individual Number
		Together/Separate		Yen	Grade	
Name Of A Dependent	Relationship	Living Status	Birthday	Income	Level of Disability	Individual Number
		Together/Separate		Yen	Grade	
		Together/Separate				
		Together/Separate				
Name of A Dependent (16 years and younger)	Relationship	Living Status	Birthday	Income	Level of Disability	Individual Number
		Together/Separate		Yen	Grade	
		Together/Separate				
		Together/Separate				
A home address of your family member who is living separately but is your dependent.						

Do not forget to attach a photocopy of pay slips or a withholding tax statement if anyone above made money last year.

Q 8. If you paid your health insurance premiums last year (Jan to Dec), please submit proof of payment.

Health Insurance (National Health, Employer-Sponsored health Insurance, Long-Term Care, National Pension, etc.)	Life Insurance	Earth Quake Insurance	Other Insurance ()
yen	yen	yen	yen

*Please attach a physical statement issued by Japan Pension Service regarding the exemption/deduction of your national pension contributions.

*No need to attach proof of payment (receipts) if you fully paid your national health, long-term care, or medical system for elderly people charged by Hikone.

*If you have a life or earth quake insurance and want to claim a tax deduction, attach a photocopy of a physical contract issued by your insurance company.

*If you want to claim a tax deduction for medical expenses or donations, please contact the Hikone Tax Division for further information.

Q 9. Questions about your residence (please fill out the table below only if you are currently living outside Hikone City).

Address of taxed property		Date you moved out of Hikone	
Reasons for having moved out of Hikone			
Any plans to come back to Hikone?	Yes (Date: / /) *Provide the schedule if possible.		No
If you work abroad, write the name of the company.	Name		
	Address		

<Important Notes>

- Please write your and each of your family member's 12-digit My Numbers.
- As a general rule, this simplified tax return form is the equivalent of filing a tax return.
- If you fail to file this form by the certain time, it will affect the calculation of your NHI premiums, the issue of certificates, and other public services.

[How to Fill out the Form]

***Make sure to fill out all the information required on the form "written in Japanese."**

Q 4. Please write information of the company you work/worked for and the total amount of income you earned last year.

Company Name	Address and Telephone Number	Employment Period	Total Income
XX Corporation	ABC City, EFG-cho	From Jan 1 until Oct 31	1,000,000 yen
• Do not forget to write the total amount of your annual income. • Be sure to attach a photocopy of your pay stubs or withhold tax slip.			yen
Total			1,000,000 yen

Only if you don't have pay or withholding tax slips, fill in required info above.

Q 5. If you are self-employed, please provide a type of your business, total income, and total business expenses.

[Type of Business] ¥ [Total Income] ¥ [Total Business Expenses] ¥

*You will receive some other documents at a later date via mail.

[Details of Your Business]

The following questions are about income tax deductions.

Q 6. Questions about the person whose name written on the front of this form.

Any Spouse? Yes <input checked="" type="radio"/> No <input type="radio"/>	→ If no, check the most applicable box below. (<input type="checkbox"/> Unmarried <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Separate <input type="checkbox"/> Disappeared <input type="checkbox"/> Not sure if my spouse is dead or alive <input type="checkbox"/> Single Parent)
Disability Certificate? Yes / No	→ If yes: (Physical • Rehab • Mental / Grade / Issue Date : / / /)
Are You a Student? If yes: (School Name: / Grade :)	

Q 7. Questions about a dependent(s) of the person whose name written on the front of this form.

Name Of A Spouse	Relationship	Living Status	Birthday
		Together/Separate	
Name Of A Dependent	Relationship	Living Status	Birthday
Zeimu Taro		Together/Separate	1950 Jan 1
Zeimu Hanako		Together/Separate	1955 Feb 1
		Together/Separate	
Name Of A Dependent (16 years and younger)	Relationship	Living Status	Birthday
		Together/Separate	
		Together/Separate	
		Together/Separate	

A home address of your family member who is living separately but is your dependent.

For Q6 and Q7, even with no income during the questioned period, if you have a disability handbook or have a family member as a dependent, be sure to fill in all the information required here.

Do not forget to attach a photocopy of pay slips or a withholding tax statement.

Q 8. If you paid your health insurance premiums last year (Jan to Dec), please fill in the table below.

Health Insurance (National Health, Employer-Sponsored health Insurance, Long-Term Care, National Pension, etc.)	Life Insurance
30,000 yen	

*Please attach a physical statement issued by Japan Pension Service regarding the deduction of your pension.

*No need to attach proof of payment if you paid bills charged by Hikone City for your national health insurance.

*If you have a life or earthquake insurance and want to claim a tax deduction, attach a photocopy of a physical contract.

*If you want to claim a tax reduction for medical expenses or donations, please contact the Hikone City Office.

• Tax deductions can be applicable to you if you bought a life insurance policy or other private insurance policies. There is no need, however, for anyone with no income to fill in this part.
 • Please attach an original copy of your national health insurance premiums statement if you are enrolled in the NHI system.
 • If you want to claim tax deductions for your life insurance, earthquake insurance, etc. make sure to attach a contract of your insurance policy issued by an insurance company.

Q 9. Questions about your residence (please fill out the table below only if you are currently living outside Hikone City).

Address of taxed property	Date you moved out of Hikone
Reasons for having moved out of Hikone	
Any plans to come back to Hikone?	Yes (Date : / /) *If possible. No

Please write your current address if you are not living in Hikone City. If you are working overseas, provide the name of the company you are working for.

numbers.
filing a tax return.
calculation of your NHI premiums, the issue of certificates, and more public services.